<b>∑</b>	Yes	child because	sactions, or liabilities of a spouse or dependent child because vith the Committee on Ethics.	" income, trans	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities o they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on	
<b>₹</b>	Se Se	closed. Have you	d certain other "excepted trusts" need not be disc	on Ethics and dependent chil	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	
S	DESTION	F THESE C	MATION — ANSWER EACH OF THESE QUESTIONS	TINFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	Ш
the onse.	"Yes" resp	must be ans ed for each	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	S N	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes X	
¥ ∑	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No X	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.	
	Yes	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	S S	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.	<b>-</b>
ĕ ⊠	Yes	I receive any nother reporting )?		Š	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.	
N <sub>o</sub>	Yes	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	Š	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes  Yes	
!			E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH	פ
more than	against anyone who files more than 30 days late.	against anyo 30 days late.	Termination		nnual (May 15, 2012)	
assessed	A \$200 penalty shall be assessed	A \$200 pena	r Employing Office:	Officer or	Filer Member of the U.S. State: 114	
MII: 17	LEGISLATIVE RESOURCE CENTER  LEGISLATIVE RESO	Md 2019	Daytime Telephone: 202, 225, 7896	Daytime T	Name: Peter T. King	
配	DELIVE	HAND DELIVERED	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	<b>a</b> =
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Name Peter T. King

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source	Туре	Amount
Keene State State of Maryland	Approved Teaching Fee Legislative Pension	\$6,000 \$9,000
Civit War Roundtable (Oct. 2nd) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 NA
New York State Retirement Pension		\$9,000
New York State Retirement Pension	Pension	\$39,000

SCHEDULE III—ASSETS AND "UNEARNED" INCOME	"UNEARNED" INCOME	Name Pter	TKING Page 3
BLOCK A	BLOCK B	вгоск с	BLOCK D BLOCK E
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <i>or</i> that generate tax-deferred income (such as 401(k) plans or IRAs), you	For assets for which you checked "Tax- Deferred" in Block C, you may check the "None" column. For all other assets, indi- cate the category of income by checking the appropriate box below. <b>Dividends</b> , (E) exceeding
Provide complete names of stocks and mutual funds (do not use ticker symbols.)	If an asset was sold during the reporting	may check the "Tax-Deferred" column.  Dividends, interest, and capital	
For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific	year and is included only because it generated income, the value should be "None"	gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the asset generated.	lncome. Check "None" if no income was earned or generated.
investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retire-	"None."	ing the reporting period.	
ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.	A B C D E F G H   J K L		I II III IV V VI VII VIII IX X XI portion of
For rental or other real property held for investment, provide a complete address.		me)	soid please
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.		or Farm Incol	follows: (S) (partial) See below
Exclude: Your personal residence, including second homes and vacation homes ( <i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	0,000 00,000 250,000 500,000 1,000,000 \$5,000,000 \$25,000,000	BLIND TRUST RED	500 500 5000 5,000 5,000 1,000,000 \$5,000,000
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.	000,001 –	VIDENDS  NT  EREST  PITAL GAI  CEPTED/E  X-DEFERF  mer Type of	- \$200 01 - \$1,00 .001 - \$2,5 .501 - \$5,001 - \$15 .5,001 - \$5 .0,001 - \$1 .00,001 - \$1 .000,001 - \$1
For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	\$1 \$1, \$15 \$50 \$10 \$25 \$50 \$1, \$5,	RE INT CA EX TAX	\$20 \$1, \$2, \$5, \$11 \$50 \$11 \$11, \$11,
SP SP	Indefinite X	X X Royalties	X S (partial)
JT 1st Bank of Paducah, KY Accounts	×	×	×
It Chase Bank		Х	7
	*	X	X
JT Astoria Federal Savings	<u> </u>	X	X

## SCHEDULE V— LIABILITIES

Name Peter T. King

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business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving* charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. **NOTE:** Pending legislation may require Members to report Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a mortgages on personal residences.

9		SP, DC, JT	
HO, not pad, oce (x000x, )MY	Example: First Bank of Wilmington, DE	Creditor	
7001	May 1998	Liability Incurred Mo/Year	Date
Hortgage on 24 75 Virginia the	Mortgage on 123 Main St., Dover, DE	Type of Liability	
		\$10,001- \$15,000	
		\$15,001- \$50,000	
		\$50,001- \$100,000	
<b>×</b>	×	\$100,001- \$250,000	Amo
	$\bot$	\$250,001- \$500,000 m	Int of
	$\bot$	\$500,001- \$1,000,000	Amount of Liability
	_	\$1,000,001- \$5,000,000 • \$5,000,001-	Ţ
	$\perp$	\$5,000,001- \$25,000,000- \$25,000,001-	
	+	\$50,000,000 Over	
		\$50,000,000	Ш

## SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375

## **SCHEDULE VIII—POSITIONS**

1ame Peter T. King

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

tions): and positions solely of an honorary nature Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiza-

money and promise a construction of the contract of the contra	
Position	Name of Organization
Board Member	Notre Dame Law Association (Alumni Association of Notre Dame Law School)
Board Member	Board of Visitors, US Merchant Marine Academy
	Ú

## SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

Date	Parties To	Terms of Agreement